	State W	'ell Keport	For Office Use Only:	
County: TOCKSOY)	Part 1		For Office Use Only:	
County: QUENOUT	Mississippi Department of Environmental Quality		Aquifer:	
Permit #:	Office of Land and Water Resources		Well #: N1084	
Driller: COOST WATER WELLSRY	P.O. E	Box 10631	Well #:	
	Jackson, M	IS 39289-0631	L. S. Elevation:	
Date drilling completed: 4/27//2		961-5210		
	(601) 35	4-6938 (fax)	E-log #:	
State Law requires that this rep	ort be prepared by the	driller in detail and filed w	rith the Department within	
30 days of completion of drilling Well Owner Informs		Well	Location	
Owner Name Preston Ford		1	), Longitude <u>088 · 44 · 46 74"</u>	
Mailing Address: 8201 Clams W	11 Ave	37 Method of Lat/Long (circle or	47	
		USGS quad, Hand-held	GPS Survey-grade GPS	
Ocean Springs	2, M5 39564 Zip Code		Twn T85 Rng F8W	
	,	NW Distance Direction	Nearest Town	
Telephone No. (228) 818 - 8934		Distance Direction  Miles 5E	of Ocean Spaines	
	Weil I	)ata		
	77 621 1			
Purpose of Well (circle one) Home Ind	ustrial Public Supply	Irrigation Fish Culture	Other:	
Date well drilling started: 4/27	2 Date w	vell drilling completed: 4/	127/12	
If flowing, method of flow regulation: Val	ve NA Other (de	escribe)		
Static Water Level: <u>35</u> feet above or below (circle one) land surface Date measured: 4/27//2				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: 206 FT Well dep	oth: <u>206 FT</u>	Well grouted to a depth of	feet	
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 196 feet Casing diameter: 2 inches Type of casing: PVC				
Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC				
Screen slot size:				
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development				
	Other (describe):			
Top of lap pipe or reduction in casing: N/A feet. If telescoped or more than one screen, describe on back of page				
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:				
Name of organization running log(s): NA I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi				
Deposite on the Was difficulties, constructed, and completed in accordance with all applicable requirements of the Mississippi				
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.				
<del></del>				
Jack Kidgdell 0-47	/ <b>2</b>	Park	/ Put bet IVE	
Print Name of Water Well Contractor and I	License No.	Signature of V	Water Well contractor	

MAY 2.5 2012 Lewis Printing - Pascagoula, MS BY: OLWR

Signature of Water Well Contractor

From

To

Maria Com Wall

Lewis Printing Pascagoula, MS

Description of Formations Encountered

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If more than one screen, show	w location of each on sketch				
Cleant the manner layout and in	clude the following: 1) the well loca	tion: 2) any nerman	ent structures on the proper	ty that may	
aid in locating the w	vell; 3) any roads, power lines, or of	her items that may	aid in locating the property a	and the well:	
4) indicate direction	i.			,	
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Landowner Name: Presto	n Ford				
Landowner Name: 11697C	ALFORG				

If well telescopes please sketch below and show depths.

Signature of Water Well Contractor

Ground Level

## STATE WELL REPORT

## County: Tackson Permit #: Driller Cast Water Well SRV. Date completed: 4/27/12

## Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601) 961-5210

For Office Use Only:		
Aquifer:		
Well #:	11084	
Elevation:		

Date completed: 4/27/12	(601) 961-5210 (601) 354-6938 (fax)			Elevation:	
This report should be prepared by th installation of pump.	e pump installer in deta	il and filed with the			ys of the
Well Owner Informati	on		Well	Location	
Owner Name: Preston Ford		Latitude: 30°21′36.60″ Longitude: 088°44′46.74″			
Mailing Address: 8201 Clamshell Ave.		Method of Lat/Long (circle one): Conventional Survey,  USGS quad, Hand-held GPS, Survey-grade GPS			
		USGS q	quad, (Fland-l	held GPS, Surv	ey-grade GPS
Olean Springs, Ms 3954		5v 1/2 JW 1/4 Sec 12 Twn T85 Rng R8W			
City State	D.p Code	Distance I	Direction	Nearest Tov	vn
Telephone No. <u>228</u> 818 – 89.34	-		SE of	Ocean	Springs
					1
Pump Type Circle one				er Type cle one	
Air Lift Jet .	Submersible	Diesel Engine	Gasoline	Engine	Natural Gas
Bucket Piston	Turbine	Electric Motor	Hand		Tractor PTO
Centrifugal Rotary	Flowing Well	Windmill	•	pecify):	
Other (specify):	·	Horse Power Ratin	g of Motor:	2 HP	
Date Pump Installed: 5/2//2		Setting Depth: [X	OFT.Dr	op Pipe	feet
Rated Pump Capacity:		Number of Stages:			
Pump Test Data	!	Met		suring Water I	Level
Date Well Tested: 500		Air Line E		cle one uring Line	Steel Tape
Static Water Level (A): 25 Feet	Below Land Surface	Other (specify):		•	•
Pumping Water Level (B):Feet l	Below Land Surface	Outer (specify).			
Drawdown [(B) – (A)]: N/A Feet Below Land Surface		For flowing well, n	neasured shu	it in head:^	J/A feet
Test Pumping Rate: 42 Gallons Per Minute		Well yielded	ro	_GPM with a d	rawdown of
Duration of Pump Test (minimum 4 hours):	_ N/A	feet after	N/A ho	ours of pumping	

I HEREBY CERTIFY that the above statements are true to the best of my Jack Ridadell 0-472	knowledge.	HECEIVEL
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	MAY 2 5 2012
		2012